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Cutaneous features of Type II DM :-

They fall into 4 major groups

- skin infections
- manifestations associated with DM
- complications
- Rx reactions.

1) Skin Infections -
Fungal > bacterial

① Impaired phagocytosis
② delayed neutrophil chemotaxis
③ reduced leukocyte adherence
④ abnormal microcirculation

A) Fungal & Yeast Inf :-

Candidal infections maybe the presenting complaint in uncontrolled diabetics, including oral, paronychial intertriginous & genital candidiasis.

Rx :- Topical antifungals
Systemic therapy → headache, fever, oculofacial pain

- Rhinocerebral mucormycosis (RCM)
  - ↳ those in keto acidosis.
  - ↳ rapidly progressive fungal infection originates in nasal or oral mucosa
  - ⇒ Black eschar in these area.
  - ⇒ Rx :- IV Amphotericin B wide debridement
    Control of underlying condition.

Bacterial Infections: furuncles.

① Leg ulcer formation from ecthyma, cellulitis, erysipelas
↓
gangrene → amputation

② Carbuncles

③ DM pt. risk factor for group B streptococcal infection.

④ Necrotizing fasciitis

⑤ Malignant otitis externa
↳ pseudomonas aeruginosa
pain, pus, discharge, UL facial swelling, hearing loss, granular tissue.
↓
Chondritis, osteomyelitis, bact. meningitis

⑥ Pseudomonal intertrigo & extensive erythrasma

II) CUTANEOUS ASSOCIATIONS:-

A) Diabetic Dermopathy -
Also skin spots or pigmented pretibial papules
↳ multiple, BIL, annular or irregular, erythematous papules or plaques that gradually evolve into atrophic, hypopigmented macules.

B) Necrobiosis Lipoidica
Type 1 > type 2

→ Erythematous, slowly enlarging, irregular plaque
↓
→ yellowish brown telangiectatic & depressed plaque. sometimes ± hypoesthesia. ± violaceous rim
↓
→ painful, spontaneous or traumatic ulceration
↓ Resolution
Atrophic scarring

Sites: pretibial, medial malleolar skin → hands, forearm, abdomen, face & scalp may also be affected.

Etiology :- Microangiopathy
obliterative endarteritis
immune mediated vasculitis
nonenzymatic glycosylation of collagen
trauma
platelet aggregation

Rx :- Topical potent corticosteroids.
Intralesional steroids
Topical PUVA
Cyclosporine
Clofazimine

c) Granuloma annulare - any type papular morphology

d) Diabetic Bullae

→ Non inflammed base & contain clear sterile fluid

→ Blisters are usually painless and non-pruritic

e) Diabetic thick skin

Limited joint mobility - diabetic cheiroarthropathy diabetic hand syndrome

Stiffness → active → passive movement

→ Prayer sign : unable to flatten hand on table top or opposing palms together.

→ Huntley's papules / finger pebbles - minute papules on knuckles.

f) Acanthosis Nigricans

→ Hyperpigmented, velvety, plaural skin in DM.

→ Dt insulin binding of insulin like growth factor receptor on keratinocytes

Two syndromes

(A) HAIR-AN
hyperandrogenemia (HA)
insulin resistance (IR)

& AN
occurring in absence of obesity or lipoatrophy

(B) Middle aged women autoimmune dis.
→ Vulva-AN

Others :- 1) Acquired perforating dermatosis
2) Eruptive xanthomas
3) Xanthelasma
4) Rubeosis faciei

III) Complications :-

A) Neuropathy - Diabetic foot ulcers
Charcot's arthropathy - repeated microtrauma
Gustatory sweating

B) Vascular Ds :-

C) foot ulcers

Cutaneous Rxn to Rt

maculopapular eruptions.
lichenoid rxn, urticaria, erythema multiforme